

An unusual cause of dysphagia

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A 42-year-old male presented with 2 months history of progressive dysphagia predominantly to solids. Computed tomography of the chest showed a large subcarinal lymph node (Fig. 1A). His PPD skin test was positive (32 mm x 30 mm). He underwent gastroduodenoscopy where a submucosal bulge with normal overlying mucosa causing luminal narrowing was noted in mid-esophagus. Endoscopic ultrasound (EUS) revealed a large (6 cm x 4.5 cm) subcarinal lymph node with few hyperechoic areas (Fig. 1B). Multiple lymph nodes were also seen in the upper mediastinum. EUS-guided fine-needle aspiration was done from the subcarinal lymph node that yielded caseous material. The cytological examination of the aspirate showed granulomatous inflammation and the stain for acid fast bacilli was negative. He was started on four drug antitubercular therapy and responded with resolution of dysphagia and weight gain.

Dysphagia is an uncommon presentation of tuberculosis [1]. Esophageal tuberculosis may mimic esophageal malignancy. It is most commonly recognized as an extrinsic bulge on endos-

copy. Other endoscopic features include ulcers and polypoidal lesions. The most common site of esophageal tuberculosis is mid-esophagus [2]. EUS provides the opportunity to detect and sample these lesions and has emerged as tool of choice to diagnose esophageal tuberculosis. The presence of hyperechoic foci, patchy anechoic or hypoechoic areas in the lymph nodes on EUS suggest tubercular etiology [3]. The response to four-drug combination therapy is rapid and the resolution of dysphagia is usually noted within 3 weeks of initiation of therapy [2].

References

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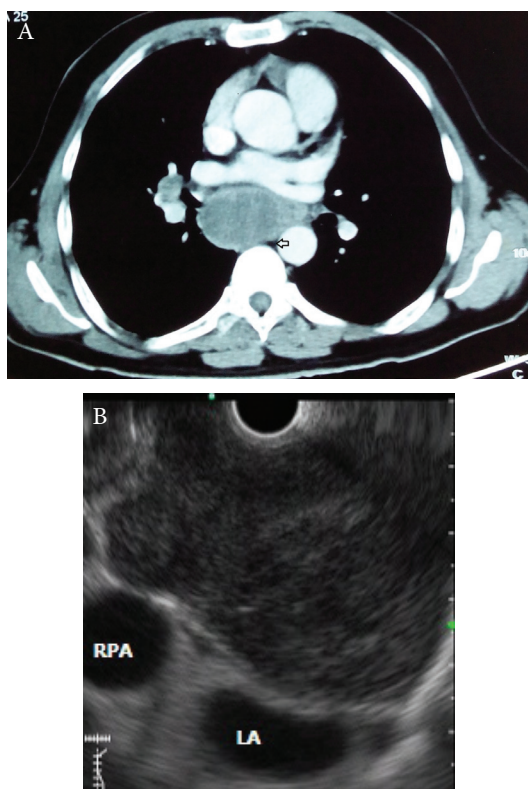


Figure 1 (A) Computed tomography showing enlarged subcarinal lymph node compressing the esophagus (arrow) (B) Endoscopic ultrasound: Large subcarinal lymph node compressing the left atrium LA, left atrium; RPA, right pulmonary artery